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MN020401. Surgeon General Vision 2002: Navy Medicine A Force Multiplier  
WASHINGTON, DC - Recently our Chief of Naval Operations, ADM Vern Clark, released his vision for the Navy in 2002. "Fight and Win" calls for a highly skilled, operationally agile and combat-ready force that enhances stability, deters conflict, and triumphs over all threats in all environments.

I see Navy Medicine as a force multiplier of our CNO's vision by ensuring our Sailors and Marines are physically and mentally ready for whatever challenges lie ahead. I encourage all Navy Medicine leaders to read CNO's guidance for 2002 and pass it along to your troops. His words reach out to every one of us in Navy Medicine.

We of Navy Medicine provide a cornerstone for the Navy's readiness through Force Health Protection. When I first assumed office this past year, I addressed my vision of the future for Navy Medicine. Our mission quite simply is this: Force Health Protection. Our relevance is that high quality care and health protection is a vital part of the Navy's ability to execute worldwide missions. Just as the American people need to know that the Navy is guarding their safety, we must stand ready to ensure that our Sailors, Marines, their families and retirees know they are protected by the best health care we can provide.

And while our rudder may have shifted in the wake of the Sept. 11 attacks, I know that our course will remain true. Our direction for 2002 remains on course with my original vision in that the focus of our leadership must be Readiness, Optimization and Integration.

#### Readiness

As evidenced in the wake of Sept. 11, our people are well trained to respond at a moment's notice. Each member of the team plays a vital role in maintaining the balance necessary to operate as an efficient medical force. We must, however, continue to prepare our people to maintain and improve readiness for the future. This means a shift in our mission and focus to Homeland Security and its new challenges.

#### Optimization

Over the past few years, we have also been challenged with the task of operating with fewer resources. This, in turn, means that we must find new ways to allow our people to fulfill their duties in the most efficient manner possible. Our men and women continue to improve their skills in the medical field and incorporate the best business practices, allowing us to accomplish more under continued resource limitations. The result has been high quality service provided to our patients, customers and people. In the future, we must continue to equip our people with the latest knowledge and technology needed to maintain our high level of service.

#### Integration

Navy Medicine is a vital part of the overall composition of our total force. To ensure smooth operations between these parts, we continuously work to integrate ourselves with our Navy counterparts. We must also learn to integrate with the other components of our department. Our field is highly complex and requires a strong effort on our part to ensure a fluid motion between specialties. Integration must also be maintained with our sister services, our TRICARE civilian partners, as well as the Veterans Administration to ensure all beneficiaries receive quality healthcare.

The world around us is changing, now more than ever in recent memory. Navy Medicine has proven that it is ready to meet the new demands of a changing world. Since the days of wooden ships and iron men, Navy Medicine has stood shoulder to shoulder with our Sailors and Marines at the tip of the spear. Whatever challenges lie ahead, Navy Medicine will continue to do so in the future. We are steaming to assist our comrades in arms who stand ready to fight and win.

- VADM Michael L. Cowan, MC, Surgeon General of the Navy

The CNO's "Guidance for 2002: Fight and Win" is at  
[www.chinfo.navy.mil/navpalib/cno/clark-guidance2002.html](http://www.chinfo.navy.mil/navpalib/cno/clark-guidance2002.html).

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MN020402. Fleet Hospital Arrives in Guantanamo Bay

BY JOC Bill Austin, Fleet Hospital 20

GUANTANAMO BAY, Cuba - They dressed in camouflage, ready to take on a mission that will place them in the history books.

Sailors from Fleet Hospital 20, based in Camp Lejeune, N.C., began arriving last week to set up a field hospital designed to treat the Taliban and Al-Qaida detainees of "Camp X-ray." These are the very same hardcore terrorists who have vowed to harm or kill Americans while detained here.

Fleet Hospital 20 joins Joint Task Force 160 (JTF-160), a multi-service force already in place providing security for the camp.

Setting up a hospital in the middle of a field is no easy task. Under the scorching Cuba sun, Navy Seabees of Construction Battalion Unit 423, Little Creek, Va. first had to clear and level the harsh rocky terrain.

"The Seabees and the Sailors of Fleet Hospital 20 are going to impress a lot of people in the next couple of days," said LT Jon Scott, CEC, officer in charge of CBU 423. "We're really good. We have gone through the training to set this hospital up, and we are ready to get the mission done."

At first light last Tuesday (Jan. 22), Fleet Hospital 20 mustered to board the bus that would take them to the work site, where massive metal containers filled with the team's hospital gear peppered the landscape, placed there by the Seabees. UT2 Wes Beckles of the Fleet Hospital Operations and Training Command, Camp Pendleton, Calif., climbed on top of a container to give the safety brief and set up guidance to the Sailors gathered below.

"Are you ready to build?" he shouted at the end of his brief.

A roaring "Yes" was their reply. Sleeves were then rolled up and officers and enlisted merged together as one to build their hospital.

"This is really a can-do crew," said Fleet Hospital 20 Commanding Officer, CAPT Pat Alford, MSC, who in normal times is the executive officer of Naval Hospital Camp Lejeune. "These are all great Sailors and I'm proud to be right here with them."

By early evening, the arduous task of setting up the main tents of the hospital had been completed. Despite the heat, the hard work and the dust, not one Sailor complained.

"I'm so excited to be here," said HM3 Angela Voelkel. "I volunteered for this. I just wanted to do my part after Sept. 11."

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MN020403. Rota Fit to Fight and Win, Thanks to Readiness Push  
By LTJG Richard Gilliard Jr., Naval Hospital Rota, Spain

Rota, Spain - Back in December 2000, Naval Station Rota's medical readiness statistics were dismal - only 27 percent of the active duty troops were medically ready to deploy. But what a difference a year makes. This month, Rota personnel boast a C-1 ready-to-go status of 87 percent.

Two of the leaders key in developing a plan to improve troop medical readiness are LT Gerardo Cruz, MSC, the hospital's plans, operations and medical intelligence officer, and LCDR James E. Babcock, NC, head of education and training. They created a team that included staff from hospital departments, including education and training, contingency, family practice, outpatient records, and immunizations, as well as representatives from tenant commands to enhance communication about the importance of ensuring personnel follow medical readiness policies.

Cruz stayed in frequent contact with team members via telephone and e-mail, providing information about readiness status and progress made. Monthly letters were sent to commanding officers with their command's C-status along with a list of any medical discrepancies. Every time a command's readiness milestone was reached, a "thank-you" letter was sent to the commanding officer.

Another key to improving readiness was "the mountain to Mohammed" method of taking members of the immunizations clinic to base commands and holding a mass immunization. The hospital's contingency office, along with command representatives, coordinated the SHOT-EX.

The goal was to bring 80 percent of active duty members into C-1 status by September 2001. Naval Station Rota surpassed this six weeks early. By September 2001, it had reached 86 percent. This month, it's at 87 percent readiness.

"We made readiness a priority before it became an urgent necessity (because of the events of) last September," said CAPT David J. Smith, MC, USNH Rota commanding officer. "We set an aggressive goal and exceeded our expectations through strong teamwork."

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MN020404. Hearing Health Begins At Birth At Oak Harbor  
By Sara McGruder, Naval Hospital Oak Harbor

OAK HARBOR, Wash. - Hearing specialists emphasize the importance of catching hearing problems early in children. To ensure newborns at Naval Hospital Oak Harbor get the earliest diagnosis possible if there is congenital hearing loss, beginning last month, all babies get hearing tests before they leave the nursery to go home.

Oak Harbor recently started screening newborns using automated Auditory Brainstem Response (ABR) technology. Some hospitals use an alternative method called Otoacoustic Emissions (OAE). "While both the ABR and OAE are good systems, the ABR is slightly more accurate," said Dr. Rees Lee, head of pediatrics at Oak Harbor.

LT Linda Spencer, NC, is the head of the maternal-infant ward, and assured that the hearing screening is painless. In fact, babies often sleep through the procedure.

"We place soft foam ear phones over the baby's ears and electrodes on the forehead, neck and back," she said. "The procedure is best done when baby is sleeping and takes between one and fifteen minutes to complete."

If the screening shows there may be a problem, the infant is referred to an audiologist.

"Unfortunately in the past, the average age in which children were diagnosed (with problems) was 2 years old," said Lee. "Even with intensive speech therapy and use of hearing aids, these children have more difficulty achieving functional language skills. Children who begin treatment by 6 months of age stand the best chance for normal language."

One parent of a child with congenital hearing loss who is happy about the early detection is CDR Terry Cook, MSC, on the staff at Oak Harbor.

"My son was very fortunate to be diagnosed with hearing loss while he was in the NICU (Neonatal Intensive Care Unit)," said Cook. "I think that making hearing screening available to all children, including those born in the regular nursery, is a great move."

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MN020405. Space-A Travel on Overseas MEDEVAC Flights Prohibited  
By PH1(AW) Ron Heppner, Naval Station Rota

ROTA, Spain - Space-available (Space-A) travel aboard medical evacuation (MEDEVAC) C-9 aircraft with Red Cross markings is no longer an option outside of the continental United States, according to a message from the Air Mobility Command.

Only patients, medical personnel, chaplains and patient attendees on official travel orders are authorized to travel on aircraft with Red Cross markings. Non-medical attendees traveling permissive temporary duty (Space-A) are not authorized to travel on these flights.

This guidance comes amid legal concerns involving special treatment and protections afforded Red Cross-marked aircraft. International law under the Geneva Convention limits the use of C-9 aircraft bearing a Red Cross to fly only medical missions. Personnel on these flights must be processed through an aeromedical evacuation squadron, not a passenger terminal.

"Space-A was never the mission of these aircraft to begin with, but at some point Space-A became status quo," said LCDR Andrew Nagel, air terminal officer at Naval Station Rota.

The Red Cross-marked C-9 flights are no longer listed on the Naval Air Terminal Schedule.

The Air Mobility Command message is available at  
[amc.scott.af.mil/do/don/291500ZNOV01.txt](http://amc.scott.af.mil/do/don/291500ZNOV01.txt).

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MN020406. Lemoore Staffer Sings Anthem at Madison Square Garden  
By LT Don Capoldo, MSC, Naval Hospital Lemoore

LEMOORE, Calif. - Naval Hospital Lemoore's Tammishia Simmons will be at New York City's Madison Square Garden this weekend, but you won't find her in the stands. She'll be front and center, singing the national anthem at the New York Knick's basketball game.

"It's like an out of body thing," said Simmons. "This is a great opportunity and a great blessing."

Simmons, the Veterans Administration Separations Coordinator at the hospital, was chosen to sing the anthem after submitting a performance tape. She's previously performed the anthem at the Independence Day celebration at Sunkist Stadium in Visalia, Calif., for Armed Forces Radio Network while

serving on active duty as a hospital corpsmen, and numerous other occasions. She has also written and recorded other songs and performed on stage in America and overseas.

Simmons is particularly excited about this performance.

"The night will be to show support for our military troops and their families," said Simmons, who is married to HMC(FMF) Daryl Simmons, stationed with the Marines in Okinawa. "I know what it is like to be away from loved ones, and I know what tremendous sacrifices are made in defending this great nation. To be chosen to represent military families and sing this country's greatest song is an incredible honor."

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**MN020407. German Navy Honors NEHC Commanding Officer**

By CAPT Bruce K. Bohnker, MC, Naval Environmental Health Center

Norfolk, Va. - CAPT David M. Sack, MC, commanding officer, Navy Environmental Health Center was recently awarded the Silver Cross of Honor of the Federal Armed Forces of Germany for his leadership and support of the Federal German Navy Medical Officer Exchange Program.

Rear Admiral Uwe Kahre, Federal German Navy, who is the senior German Navy officer assigned to the staff of Supreme Allied Commander, Atlantic, presented the award. He noted that a recognition of this kind to non-German military personnel was unique.

Sack was recognized for his personal involvement in the 10-year-old military medical officer observership program and extensive training of 20 German Navy senior medical officers.

The flexible training program has been tailored to the interests and expertise of the visiting German Navy medical officers, and has emphasized operational and preventive medical areas used to protect the Sailors and Marines in both the U.S. and Federal German military.

NEHC is Navy Medicine's premier facility for occupational health and preventive medicine, and supports ten subordinate commands around the globe that enhance readiness of the Navy and Marine Corps through leadership in prevention of disease and the promotion of health.

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**MN020408. Conde Valentin Selected for Senate Youth Program Escort**

LT Eric H. Conde Valentin, MSC, has been selected as an escort officer for the prestigious William Randolph Hearst Senate Youth Program, an annual Senate-endorsed program that brings outstanding high school students from each state and Washington, DC to the nation's capital for a week-long introduction to the federal government.

Conde Valentin was one of only three Navy officers selected from a very competitive field of sixty applicants.

The Department of Defense supports the event, in part by providing exceptional young officers to act as escorts and mentors to the students. For many of the participating students, this is their first exposure to a military member.

Conde Valentin will attend a one week orientation, and then spend two weeks with the students as they visit federal agencies throughout the Washington, DC area.

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**MN020409. CAPT Emmett Lee VanLandingham Jr., MSC, Ret., Dies**

CAPT Emmett Lee VanLandingham Jr., MSC, former chief of the Navy's Medical Service Corps, died Jan. 16, 2002. He was 85.

VanLandingham was the fourth Chief of the Medical Service Corps. He began his long and distinguished naval career with his enlistment in 1934.

He advanced through enlisted ranks to become a pharmacist's mate, and was commissioned in 1944 as an Ensign in the Hospital Corps, which was then a predecessor to the Medical Service Corps. He became a plankowner in the Medical Service Corps upon its establishment in 1947.

He served worldwide, culminating in his appointment as Chief of the Medical Service Corps from 1968 to 1973.

His nephew, RADM J. Philip VanLandingham, is the current Chief of the Medical Service Corps.

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MN020410. TRICARE: Did You Know ...

... That health care out-of-pocket costs for Americans rose 5.9 percent per person in 2000, according to a report released by the Centers for Medicare and Medicaid Services earlier this month. By comparison, TRICARE's out-of-pocket costs per person have not increased since the program began in 1995.

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MN020411. HealthWatch: Brush Up On Your Children's Dental Health  
By Brian Badura, Bureau of Medicine and Surgery

Few parents would think of letting their young child miss getting an immunization or skipping a wellness check up. That's part of keeping their child healthy. But what about dental check-ups?

According to the American Dental Association (ADA), tooth decay is the single most common chronic childhood disease, seven times more common than hay fever. But instilling and practicing sound oral hygiene habits, especially brushing, in young children can go a long way toward preventing tooth decay.

Regular brushing is the single most effective means of preventing tooth decay. A small, pea-sized amount of fluoride toothpaste should be used to brush twice daily. Research has shown that fluoride, which is added to most toothpastes, helps reduce cavities by up to 50 percent in children.

Be sure to supervise toddlers and teach them to spit out excess toothpaste and rinse with water after brushing. Brushes should be replaced regularly at 3 to 4 month intervals.

Parents should also use floss or an interdental cleaner as soon as any two teeth touch.

"Flossing is just as important as brushing because sometimes people get cavities between teeth," said LT Shawn O'Bannon, DC, Bureau of Medicine and Surgery. "Neglecting flossing can lead to gingivitis and subsequently periodontal disease."

O'Bannon also cautioned that an early visit to the dentist, before there is a problem that might need care and cause discomfort, will go a long way in preventing a youngster's apprehension of the dentist.

"Get your child to the dentist at a young age so they can see that the dentist is there to help them," said LT Shawn O'Bannon, DC, at the Bureau of Medicine and Surgery in Washington, DC. "Don't wait until there is a problem."

As children grow older and permanent teeth come in, you may want to talk to your dentist about dental sealants. The clear sealant acts as a protective barrier against the food acids that can attack teeth and cause decay.

Balanced nutrition from the five major food groups also plays a vital role in ensuring good dental health. Diets that are high in sugar and starches increase the risk of tooth decay. If you choose to give your child sweets, be sure to give them with a meal so the saliva produced will help wash away the sugars on teeth.

Serious dental injuries can be common for active children. Protective mouth guards when participating in activities like football, hockey and rollerblading are a good idea for children. They can be found at many drug and athletic stores.

Many of the steps necessary to maintain your child's dental health begin at home, but regular trips to the dentist are the other key ingredient in prevention of problems. Check-ups should be scheduled every 6 months. Talk to your dentist during office visits to be sure you are aware of your child's dental health.

Good dental health for your children can be as simple as learning good health habits early. Children will need little guidance as they grow older. But one of the most powerful ways to teach children good health habits is by example. Parents should set a good example by brushing twice a day and flossing regularly.

For more information on dental hygiene, visit the ADA web site at [www.ada.org](http://www.ada.org).

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Editor's Note: February is Children's Dental Health Month.